

Pauline

Adkins

Town

County

Delmar

Wicomico

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7

13

Age

6-14

Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

E. S. Adkins

Matilda Hastings

Cause of

Primary

Marasmus

How long sick

Death

Immediate

Dysentery

105

Accident, Suicide, Homicide

Reported by

James

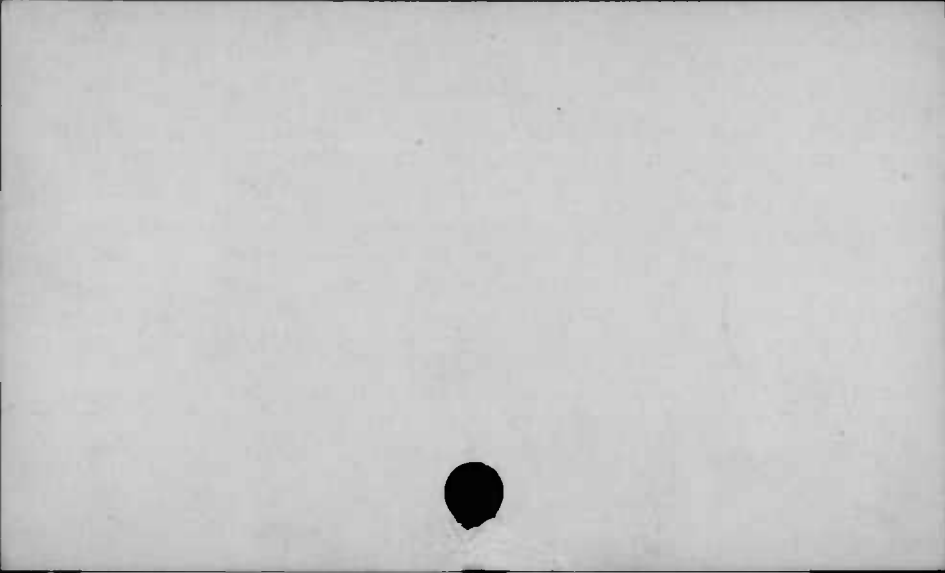
Brayshaw M. D.

Address

Delmar

Delaware

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Allen</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>7</u>	Day <u>18</u>	Age	Years <u>3</u>	Months <u>11</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>md</u>			
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Orlando Boudr</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Laura Boudr</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Orlando Boudr</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>61</u>	How long
Immediate <u>Brain Fever</u>		How long <u>6 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. D. Benson</u>	
	Address <u>Whayland md</u>	
Accident or Suicide?		



Name In Full

Certificate of Death

Laura E Bernards

Town

County

Died at

Allan

Wic

MARYLAND

Date ¹⁹⁰² 1902
 Month 7 Day 17 Y. 25 M. 7 D. 3
 Age 25 7 3
 Native of Md
 Occupation Newspaper
~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living 1

Husband of

Wife Orlando Bernards

Father's

Name

Geo. W. Chatman

Mother's

Name

Christina Chatman

Cause of

Primary

Pneumonia

How long sick

3 wks

Death

Immediate

Cardiac failure 93

~~Accident, Suicide, Homicide~~

Reported by

Address

J. I. T. Long
Allan Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76998



Eleanor Robert Bunting

Town

County

MARYLAND

Died at

Salisbury

Wicomico

Date 1902

Month Day

July 20

Y.

M.

D.

Native of

Occupation

Age 27

3

20

Wicomico, Md Fisherman

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living 1

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ella Rodney

John R. Bunting

Maiden Name

Mary Smith

Primary Urinary fistula + large abscess

Immediate Gangrene

How long sick

1 week

~~Accident, Suicide, Homicide~~

J. W. Dick, M. D.

Salisbury, Md



Name in Full

Certificate of Death

Jennie Donoho
 Town County

Died at near Adel Wicomico MARYLAND

1902
 Date 189 July 26th Y. 37 M. 4 D. 28 Native of md Occupation House Wife
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living 3

~~Husband~~ of Thor Donoho
 Wife
 Father's Name Jackson Budd Mother's Name Maryanne Budd

Cause of Death { Primary Child birth 135 one week
 Immediate internal Hemorrhage
 How long sick
 Accident, Suicide, Homicide

Reported by A. L. Seaburn Undertaker
 Address Mandela Shriego Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Infant

CERTIFICATE OF DEATH

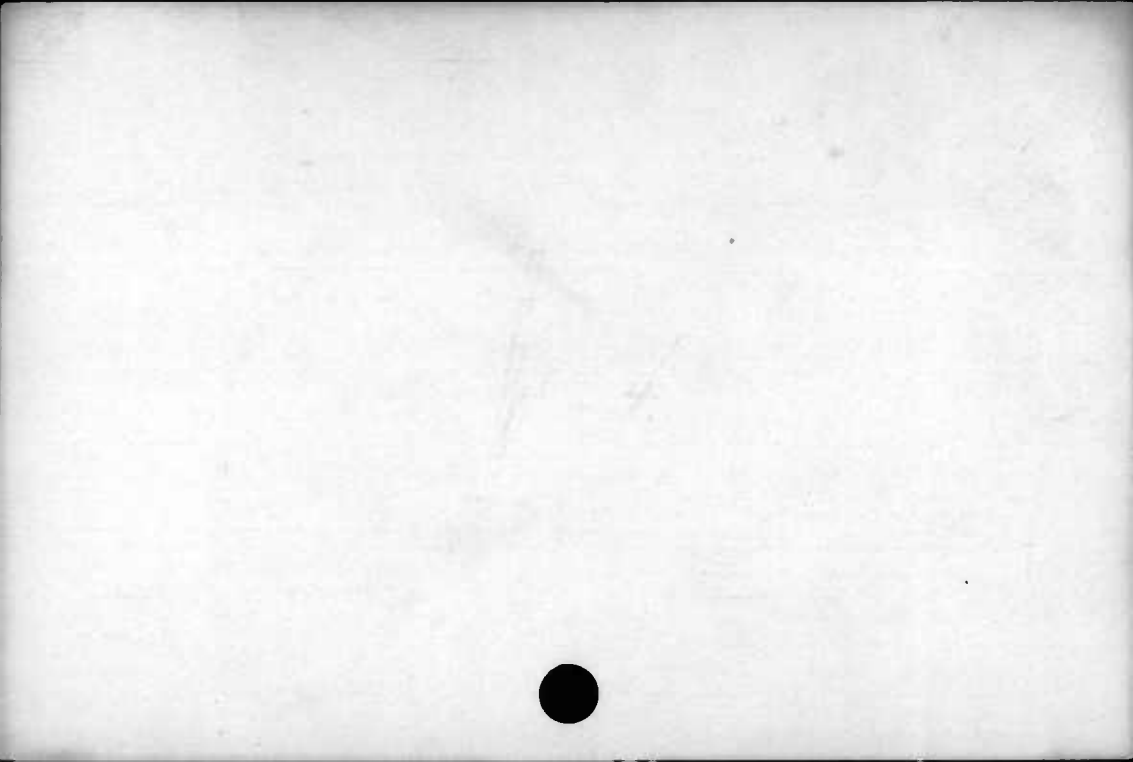
TO BE ANSWERED BY
NEAREST FRIEND

Died at		31 st miles W Salisbury		County		Wicomico		MARYLAND	
Date	Month	Day	Age	Years	Months	Days			
of death	1902	July	31						
Sex	Female		Color or Race	White		Birth-place	3/4 miles W Salisbury		
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name				David Elliott			Father's Birthplace		
							Del		
Mother's Maiden Name				Mary Triggs			Mother's Birthplace		
							Del		
Name of person giving information				David Elliott			How related to deceased		
							Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Burn Dead		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician
			Address
			Undertaker
			Salisbury Md
Accident or Suicide?			



Peter Washburn Gale

County

Died at Quantic Wisconsin

MARYLAND

	Month	Day	Y.	M.	D.	Native of	Occupation
1902							

Date 1892 July 18 Age 3 - - - - - Quantities - - - - -

Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living

~~Husband~~ of
~~Wife~~

Father's Name	Charles Gale	Mother's Name	Nicy Gale
		How long sick	

Cause of	Primary	Secondary
1. Infection	1. Tuberculosis	1. Syphilis
2. Trauma	2. Fracture	2. Hematoma
3. Neoplasm	3. Carcinoma	3. Sarcoma
4. Vascular	4. Aneurysm	4. Thrombosis
5. Systemic	5. Diabetes	5. Hypertension
6. Endocrine	6. Hyperthyroidism	6. Hypothyroidism
7. Autoimmune	7. Rheumatoid arthritis	7. Systemic lupus erythematosus
8. Genetic	8. Osteoarthritis	8. Osteoporosis
9. Degenerative	9. Osteoarthritis	9. Osteoporosis
10. Metabolic	10. Osteoarthritis	10. Osteoporosis

Death	Immediate	Accident, Suicide, Homicide
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Reported by Wm. H. H. Dashiell Jr.

Address Quantic Inc

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate re-
ceived from _____

of _____

Aurelia Goslee

Town

County

MARYLAND

Died at Near Delmar, Wicomico

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 6th

Age 45-10-20

Maryland

White

Married

~~Widow~~~~Married~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

0

~~Husband~~ of

Wife

Father's

Name

Mother's

Maiden Name

John W. Goslee

Clement Goslee

Olivia Walter

Cause of

Primary

Death

Immediate

Dropsy

177

How long sick

2 yrs 11 mos

~~Accident, Suicide, Homicide~~

Reported by

James
DelmarBrayshaw M J
Delaware

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

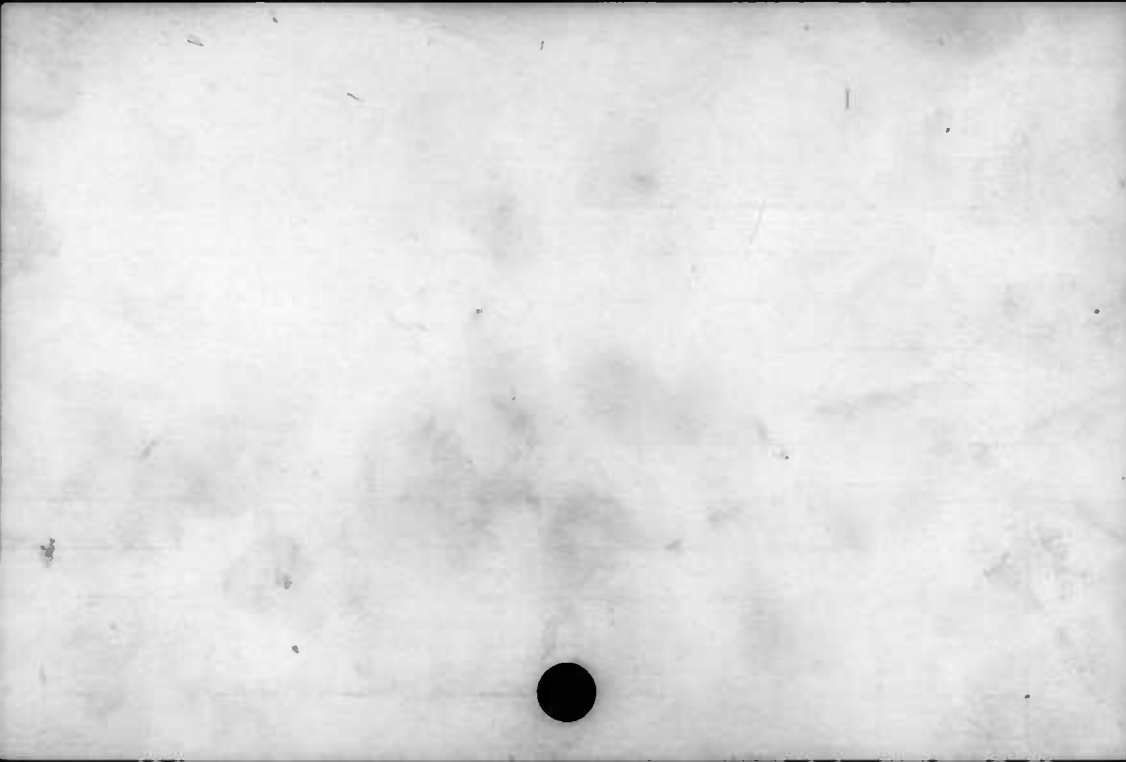
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Hillary Gillett Grubbs</i>				Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Date of death 190 <i>2</i> July		Month <i>July</i>		Day <i>14</i>		Age <i>1</i> Years	
Sex <i>Male</i>		Color or Race <i>Black</i>		Months <i>4</i>		Days <i>3</i>		Birthplace <i>Salisbury Md</i>	
Married, Single or Widowed				Occupation <i>none</i>					
Name of Wife or Husband <i>✓</i>									
Father's Name <i>John Wesley Grubbs</i>				Father's Birthplace <i>Watson, Md</i>					
Mother's Maiden Name <i>Mary Ellen Barclay</i>				Mother's Birthplace <i>Edin, Md.</i>					
Name of person giving information <i>Emily Virginia Grubbs</i>				How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>		How long <i>105</i>	
Immediate <i>Convulsions</i>		How long <i>few hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Wick</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide? <i>✓</i>			



Mildred T. Hawkins

Town

County

MARYLAND

Died at Salisbury

Wicomico

Month

Day

Y.

M.

D.

Native of

~~Occupation~~

Date 1902

July

18

Age

4

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

John C. Hawkins

Mary J. Murphy

Cause of

Primary

Gastro-Intestinal Infection

How long sick

9 days

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Louis W. Morris M.D.

Address

Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Aunie Henry

CERTIFICATE OF DEATH

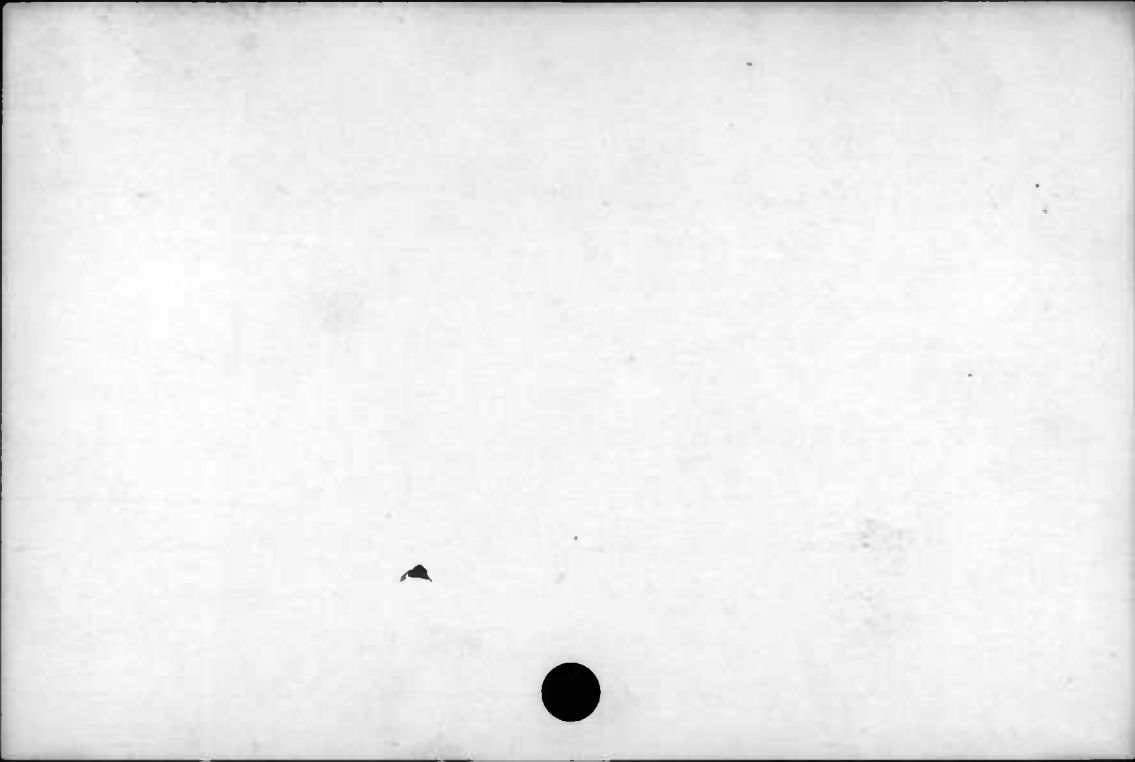
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Calisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>July</i>	Day <i>17</i>	Age <i>47</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Md</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Edward A. Henry</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name <i>105</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stricken</i>	How long
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Hemons</i>
	Address <i>Calisbury Md.</i>
Accident or Suicide?	



John Johnson
 near Town Salisbury County Wisconsin
 Died at
 Date 1902 July 20 Age 18
 Male White Married Widow Divorced
 Female Colored Single Widower
 Native of Md. Occupation Farmer Boy

Husband of
 Wife
 Father's Name John Johnson Mother's Name Margaret McAllister
 Maiden Name

Cause of Death { Primary Immediate Drowning 172
 How long sick
 Accident, ~~suicide~~, Homicide

Reported by Geo. E. Hill

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Laura Johnson

Town

County

Died at

Kearthland

Hiconia

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 31

Age 40

Md

House wif.

~~Male~~~~White~~

Married

~~Widow~~

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

~~Husband~~ of

Wife

Wah Johnson

Father's

Mother's

Name

Maiden Name

93

Cause of

Primary

Death

Immediate

Tonsillitis
Pneumonia
Gr. H. Todd

How long sick

1 week

Accident, Suicide, Homicide

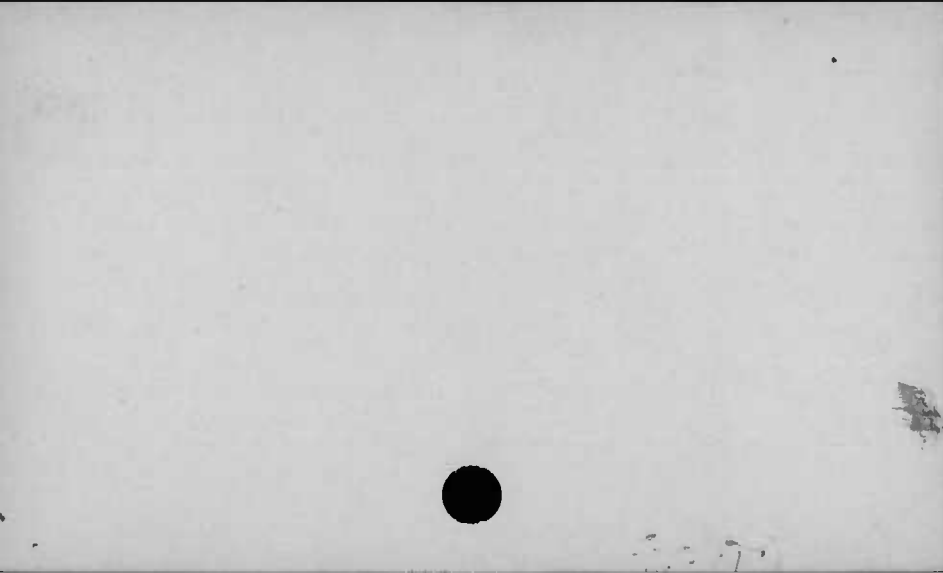
Reported by

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Name in Full Theresa King		Town Allen		County Wicomico		CERTIFICATE OF DEATH	
Died at		Month 7		Day 23		Years 5 -	
Date of death 190 2		Months 5 -		Days 5 -		MARYLAND	
Sex Female		Color or Race Black		Birth-place md			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name Scott M. King				Father's Birthplace md			
Mother's Maiden Name Anna King				Mother's Birthplace md			
Name of person giving information Scott King				How related to deceased Father			
CAUSES OF DEATH							
Primary		How long 4 months					
Immediate Heart trouble		How long 79					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. A. Denson					
		Address Maryland					
Accident or Suicide? 8		md					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Margaret E. Leonard

Died at Salisbury Town, Wicomico County, MARYLAND

Date 1902 July 19th Month Day Y. M. D. Native of Occupation
 Male Female Married Widowed Divorced
 Age 49 Wicomico Housekeeper
 Single Number of children living 7

Husband of Andrew Leonard

Father's Name Cesar Dushield Mother's Name Matilda Dushield
 Maiden Name

Cause of Death { Primary Mitral Regurgitation How long sick 2 weeks
 Immediate Edema & serous effusion Accident, Suicide, Homicide

Reported by J. M. Rich, Jr. D
 Address 79 Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Rosa Lewis

CERTIFICATE OF DEATH

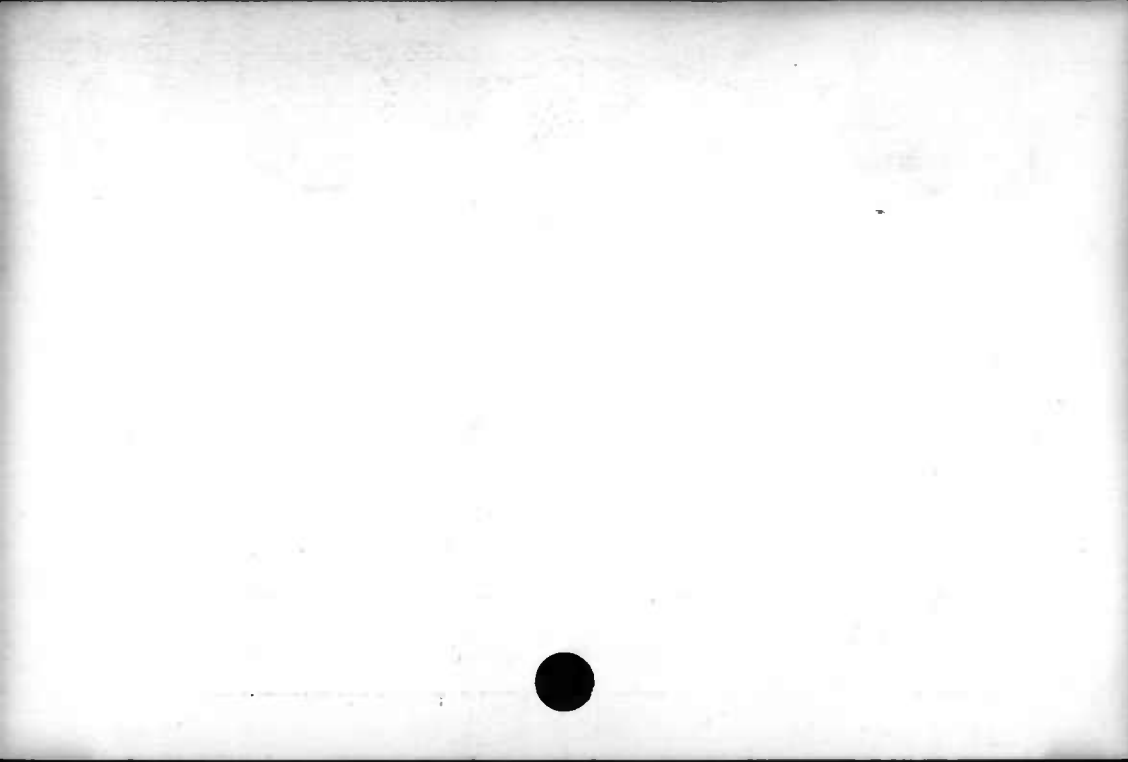
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Powellville</i>			Town <i>Powellville</i>			County <i>Worcester</i>			MARYLAND				
Date of death 190 <i>2</i>		Month <i>7</i>		Day <i>29</i>		Age		Years		Months <i>8</i>		Days	
Sex				Color or Race <i>white</i>				Birth-place <i>near Powellville</i>					
Married, Single or Widowed						Occupation							
Name of Wife or Husband													
Father's Name						Father's Birthplace							
Mother's Maiden Name						Mother's Birthplace							
Name of person giving information <i>Era. C. Tyn dall M. D.</i>						How related to deceased <i>son</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Dysentery</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Died at

Town
Harrison

County

Wicomico

MARYLAND

Date 1902

Month Day

July 20

Age

13-3-11

Native of

Md.

Occupation

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's Name

William Mc Grath

Mother's

Maiden Name

Cody Beauchamp

Cause of

Primary

How long sick

Death

Immediate

Drowning

Accident, Suicide, Homicide

Reported by

Geo. L. Hill

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



not named

Town

County

MARYLAND

Died at near Salisbury Wicomico

Data 19 02 July 22 Age - 6 - Md Occupation none

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name H. C. Parker Mother's Maiden Name Helen Parker

Cause of Death Primary Enterocolitis Immediate Meningitis

How long sick 10 days

Accident, Suicide, Homicide

Reported by

Rev. W. Todd

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Pollitt

Town

County

Died at

Salisbury Wisconsin

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

July 8

Age

88

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband of

Nancy Pollitt

~~Wife~~

Father's

Mother's

Name

Mosses Morris

Maiden Name

Don't know

Cause of

Primary

Suppose old age

How long sick

2 months

Death

Immediate

Accident, Suicide, Homicide

154

Reported by

W C Holloman & Co

Undertakers

Address

Salisbury

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Jno. B. Records
 Town Salisbury County Wicomico
 Died at
 Date 1902 July 16 Age 38- -
 Male White Married Widower
 Native of Delaware Occupation Merchant
 Number of children living 3
 Husband of Willie Smith-
 Father's Name Wm D. Records Mother's Name Nancy H. Smith
 Maiden Name
 Cause of Death { Primary Tuberculosis
 Immediate Diarrhoea
 How long sick One Year
 Accident, Suicide, Homicide
 Reported by Geo. W. Todd
 Address 27 Salisbury Md
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

James Sneed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Powellville</i>		Town <i>Wisconsin</i>		County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>7</i>	Day <i>10</i>	Age <i>84</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Delaware</i>				
Married, Single or Widowed	<i>Married</i>		Occupation <i>U.S. Pensioner</i>				
Name of Wife or Husband		<i>Margaret W Sneed</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>J. W. Greenz, Ch. D.</i>				How related to deceased <i>154</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>X</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>se</i>		Signature of Physician <i>J. W. Greenz</i>	
		Address <i>Pittsille Md</i>	
Accident or Suicide?			

